## Career Program—34 Information Management Application for Army Library Program Sponsored Training

Privacy Act Notice
Individuals asked to required or furnish personal information are advised of the following: AUTHORITY: 5 U.S. CODE 3302, PURPOSES & USES: Your completed ARMY SPONSORED TRAINING APPLICATION will be used by a rating panel of subject matter experts in determining whether you are highly qualified for consideration for Army training. It may also be reviewed by selecting official & other personnel in the selecting process, in developing training plans, and in other places of the program. Information you supply may also be used for preparing reports, and replying to correspondence.

1. Name (Last, First, Middle Initial)			2. Social Security Number	
3. Current Job Title & Pay Plan, Series, Grade	e, Step			
4. Time In-Grade	5. Length of Service	6. E-mail Address		
7. Home Address		Employing Organization's Address		
Developmental Assignment - Indicate Choice 1 & Choice 2		10. Organizational Telephone Numb	er	11. Fax Number
Choice 1:		COMM:		COMM:
Choice 2:		DSN:		DSN:
Do you meet the eligibility requirements set forth in the training announcement? If not, explain.  Yes No		15. Explain in one paragraph your reasons for attending this course. Tell us your motivation, anticipated outcomes and contributions you will make to your agency's mission as a result of this training (attach a separate sheet, if necessary).		
Explanation:				
give year of latest training.	Program (ACTEDS) sponsored training? If yes			
Yes Year No	_			
Explanation (give course, title, date):				
14. Is a personnel action pending that will char explain	nge your position, title, grade, etc.? If yes,			
Yes No				
Explanation (give course, title, date):				
	77.00			
16. Yes No		1		
	chosen as an alternate, I understand that I may be	given a short-term notice before attend	ance is required.	I am willing and able to attend training on this basis
Applicant's Signature:				Date:

. Supervisory endorsement. Explain in one paragr ur plan to use the skills acquired by the employee.	aph your recommendation for this employee's training. Tell	us how this training will help the employee do the job and
Supervisor's signature:		
	Title:	Date:
		Date:
Please Print Name		
		rists to employee's career stage and how it will hold the applicant's
MACOM / Region Career Program Manager's en er growth for the Librarian's track.	dorsement. Explain in one paragraph it traitiling is appropr	riate to employee's career stage and how it will help the applicant's
Supervisor's signature:		
	Title:	Date:
lease Print Name		
Deputy Functional Chief's Representative (DFC) er program.	3) for the Librarian Track endorsement. Explain in one	paragraph how the training of this individual benefits the Army-wid
or program.		
The state of the s		
Deputy Functional Chief's Representative's (DFC		
	Title:	Date:
	E-mail:	
Please Print Name	L IIMI.	